

Fill in this information to identify the case

Debtor name	Newstream Hotel Partners-IAH, LLC
United States Bankruptcy Court for the:	<u>EASTERN DISTRICT OF TEXAS</u>
Case number (if known)	<u>20-41064-11</u>

Check if this is an amended filing

Official Form 206A/B

Schedule A/B: Assets -- Real and Personal Property

12/15

Disclose all property, real and personal, which the debtor owns or in which the debtor has any other legal, equitable, or future interest. Include all property in which the debtor holds rights and powers exercisable for the debtor's own benefit. Also include assets and properties which have no book value, such as fully depreciated assets or assets that were not capitalized. In Schedule A/B, list any executory contracts or unexpired leases. Also list them on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G).

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. At the top of any pages added, write the debtor's name and case number (if known). Also identify the form and line number to which the additional information applies. If an additional sheet is attached, include the amounts from the attachment in the total for the pertinent part.

For Part 1 through Part 11, list each asset under the appropriate category or attach separate supporting schedules, such as a fixed asset schedule or depreciation schedule, that gives the details for each asset in a particular category. List each asset only once. In valuing the debtor's interest, do not deduct the value of secured claims. See the instructions to understand the terms used in this form.

Part 1: Cash and cash equivalents

1. Does the debtor have any cash or cash equivalents?

- No. Go to Part 2.
 Yes. Fill in the information below.

All cash or cash equivalents owned or controlled by the debtor

Current value of debtor's interest

2. Cash on hand

3. Checking, savings, money market, or financial brokerage accounts (*Identify all*)

Name of institution (bank or brokerage firm)	Type of account	Last 4 digits of account number	
<u>First State Bank</u>	<u>Checking account</u>	<u>8 1 8 9</u>	<u>\$125,478.05</u>

4. Other cash equivalents (*Identify all*)

Name of institution (bank or brokerage firm)

4.1. UC Red Lion Houston Holder Reserves

\$821,310.66

5. Total of Part 1

Add lines 2 through 4 (including amounts on any additional sheets). Copy the total to line 80.

\$946,788.71

Part 2: Deposits and prepayments

6. Does the debtor have any deposits or prepayments?

- No. Go to Part 3.
 Yes. Fill in the information below.

Debtor Newstream Hotel Partners-IAH, LLC _____ Case number (if known) 20-41064-11 _____
Name _____

Current value of
debtor's interest

7. Deposits, including security deposits and utility deposits

Description, including name of holder of deposit

8. Prepayments, including prepayments on executory contracts, leases, insurance, taxes, and rent

Description, including name of holder of prepayment

9. Total of Part 2.

Add lines 7 through 8. Copy the total to line 81.

\$0.00

Part 3: Accounts receivable

10. Does the debtor have any accounts receivable?

- No. Go to Part 4.
 Yes. Fill in the information below.

Current value of
debtor's interest

11. Accounts receivable

11a. 90 days old or less: _____ - _____ face amount = → _____
doubtful or uncollectible accounts

11b. Over 90 days old: _____ - _____ face amount = → _____
doubtful or uncollectible accounts

12. Total of Part 3

Current value on lines 11a + 11b = line 12. Copy the total to line 82.

\$0.00

Part 4: Investments

13. Does the debtor own any investments?

- No. Go to Part 5.
 Yes. Fill in the information below.

Valuation method
used for current value

Current value of
debtor's interest

14. Mutual funds or publicly traded stocks not included in Part 1

Name of fund or stock:

15. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including any interest in an LLC, partnership, or joint venture

Name of entity: % of ownership:

16. Government bonds, corporate bonds, and other negotiable and non-negotiable instruments not included in Part 1

Describe:

17. Total of Part 4

Add lines 14 through 16. Copy the total to line 83.

\$0.00

Part 5: Inventory, excluding agriculture assets

18. Does the debtor own any inventory (excluding agriculture assets)?

- No. Go to Part 6.
 Yes. Fill in the information below.

Debtor	Newstream Hotel Partners-IAH, LLC	Name	Case number (if known)	20-41064-11
General description		Date of the last physical inventory	Net book value of debtor's interest (Where available)	Valuation method used for current value
19. Raw materials		MM/DD/YYYY		
20. Work in progress				
21. Finished goods, including goods held for resale				
22. Other inventory or supplies				
Hotel Supplies		01/01/2020	\$12,187.00	Liquidation Value
				\$0.00
23. Total of Part 5		Add lines 19 through 22. Copy the total to line 84.		
		\$0.00		
24. Is any of the property listed in Part 5 perishable?				
<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes				
25. Has any of the property listed in Part 5 been purchased within 20 days before the bankruptcy was filed?				
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Book value _____ Valuation method _____ Current value _____				
26. Has any of the property listed in Part 5 been appraised by a professional within the last year?				
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				
Part 6: Farming and fishing-related assets (other than titled motor vehicles and land)				
27. Does the debtor own or lease any farming or fishing-related assets (other than titled motor vehicles and land)?				
<input checked="" type="checkbox"/> No. Go to Part 7. <input type="checkbox"/> Yes. Fill in the information below.				
General description		Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
28. Crops--either planted or harvested				
29. Farm animals Examples: Livestock, poultry, farm-raised fish				
30. Farm machinery and equipment (Other than titled motor vehicles)				
31. Farm and fishing supplies, chemicals, and feed				
32. Other farming and fishing-related property not already listed in Part 6				
33. Total of Part 6.		Add lines 28 through 32. Copy the total to line 85.		
		\$0.00		
34. Is the debtor a member of an agricultural cooperative?				
<input type="checkbox"/> No <input type="checkbox"/> Yes. Is any of the debtor's property stored at the cooperative? <input type="checkbox"/> No <input type="checkbox"/> Yes				
35. Has any of the property listed in Part 6 been purchased within 20 days before the bankruptcy was filed?				
<input type="checkbox"/> No <input type="checkbox"/> Yes. Book value _____ Valuation method _____ Current value _____				
36. Is a depreciation schedule available for any of the property listed in Part 6?				
<input type="checkbox"/> No <input type="checkbox"/> Yes				

Debtor Newstream Hotel Partners-IAH, LLC
Name

Case number (if known) 20-41064-11

37. Has any of the property listed in Part 6 been appraised by a professional within the last year?

- No
 Yes

Part 7: Office furniture, fixtures, and equipment; and collectibles

38. Does the debtor own or lease any office furniture, fixtures, equipment, or collectibles?

- No. Go to Part 8.
 Yes. Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
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39. Office furniture

40. Office fixtures

41. Office equipment, including all computer equipment and communication systems equipment and software

42. Collectibles *Examples:* Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; china and crystal; stamp, coin, or baseball card collections; other collections, memorabilia, or collectibles

43. Total of Part 7.

Add lines 39 through 42. Copy the total to line 86.

\$0.00

44. Is a depreciation schedule available for any of the property listed in Part 7?

- No
 Yes

45. Has any of the property listed in Part 7 been appraised by a professional within the last year?

- No
 Yes

Part 8: Machinery, equipment, and vehicles

46. Does the debtor own or lease any machinery, equipment, or vehicles?

- No. Go to Part 9.
 Yes. Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
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47. Automobiles, vans, trucks, motorcycles, trailers, and titled farm vehicles

48. Watercraft, trailers, motors, and related accessories *Examples:* Boats trailers, motors, floating homes, personal watercraft, and fishing vessels

49. Aircraft and accessories

50. Other machinery, fixtures, and equipment (excluding farm machinery and equipment)

51. Total of Part 8.

Add lines 47 through 50. Copy the total to line 87.

\$0.00

52. Is a depreciation schedule available for any of the property listed in Part 8?

- No
 Yes

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Name _____

53. Has any of the property listed in Part 8 been appraised by a professional within the last year?

- No
 Yes

Part 9: Real property

54. Does the debtor own or lease any real property?

- No. Go to Part 10.
 Yes. Fill in the information below.

55. Any building, other improved real estate, or land which the debtor owns or in which the debtor has an interest

Description and location of property Include street address or other description such as Assessor Parcel Number (APN), and type of property (for example, acreage, factory, warehouse, apartment or office building), if available.	Nature and extent of debtor's interest in property	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
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55.1. **500 N. Sam Houston Pkwy. E.**

Houston, TX 77060

500 N. Sam Houston Pkwy. E.,

Houston, TX 77060

Fee Simple

\$2,984,312.63

Fair Market Value

Unknown

56. Total of Part 9.

Add the current value on lines 55.1 through 55.6 and entries from any additional sheets. Copy the total to line 88.

\$0.00

57. Is a depreciation schedule available for any of the property listed in Part 9?

- No
 Yes

58. Has any of the property listed in Part 9 been appraised by a professional within the last year?

- No
 Yes

Part 10: Intangibles and Intellectual Property

59. Does the debtor have any interests in intangibles or intellectual property?

- No. Go to Part 11.
 Yes. Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
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60. Patents, copyrights, trademarks, and trade secrets

61. Internet domain names and websites

62. Licenses, franchises, and royalties

<u>Choice Hotels Franchise Agreement</u>	<u>Unknown</u>	<u>Unknown</u>
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63. Customer lists, mailing lists, or other compilations

64. Other intangibles, or intellectual property

65. Goodwill

66. Total of Part 10.

Add lines 60 through 65. Copy the total to line 89.

\$0.00

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67. Do your lists or records include personally identifiable information of customers (as defined in 11 U.S.C. §§ 101(41A) and 107)?

- No
 Yes

68. Is there an amortization or other similar schedule available for any of the property listed in Part 10?

- No
 Yes

69. Has any of the property listed in Part 10 been appraised by a professional within the last year?

- No
 Yes

Part 11: All other assets

70. Does the debtor own any other assets that have not yet been reported on this form?

Include all interests in executory contracts and unexpired leases not previously reported on this form.

- No. Go to Part 12.
 Yes. Fill in the information below.

Current value of
debtor's interest

71. Notes receivable

Description (include name of obligor)

72. Tax refunds and unused net operating losses (NOLs)

Description (for example, federal, state, local)

73. Interests in insurance policies or annuities

Interest in Insurance Policies	Unknown
Insurance Proceeds	\$1,200,000.00

74. Causes of action against third parties (whether or not a lawsuit has been filed)

Claims and causes of action against HMC Hospitality Operating Company, including breach of contract	Unknown
Nature of claim	_____
Amount requested	_____

75. Other contingent and unliquidated claims or causes of action of every nature, including counterclaims of the debtor and rights to set off claims

Claims, counterclaims, and causes of action against UC Red Lion Houston Holder, including lender liability claims	Unknown
Nature of claim	_____
Amount requested	_____

76. Trusts, equitable or future interests in property

77. Other property of any kind not already listed Examples: Season tickets, country club membership

78. Total of Part 11.

Add lines 71 through 77. Copy the total to line 90.

\$1,200,000.00

79. Has any of the property listed in Part 11 been appraised by a professional within the last year?

- No
 Yes

Debtor Newstream Hotel Partners-IAH, LLC
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Part 12: Summary

In Part 12 copy all of the totals from the earlier parts of the form.

Type of property	Current value of personal property	Current value of real property
80. Cash, cash equivalents, and financial assets. <i>Copy line 5, Part 1.</i>	<u>\$946,788.71</u>	
81. Deposits and prepayments. <i>Copy line 9, Part 2.</i>	<u>\$0.00</u>	
82. Accounts receivable. <i>Copy line 12, Part 3.</i>	<u>\$0.00</u>	
83. Investments. <i>Copy line 17, Part 4.</i>	<u>\$0.00</u>	
84. Inventory. <i>Copy line 23, Part 5.</i>	<u>\$0.00</u>	
85. Farming and fishing-related assets. <i>Copy line 33, Part 6.</i>	<u>\$0.00</u>	
86. Office furniture, fixtures, and equipment; and collectibles. <i>Copy line 43, Part 7.</i>	<u>\$0.00</u>	
87. Machinery, equipment, and vehicles. <i>Copy line 51, Part 8.</i>	<u>\$0.00</u>	
88. Real property. <i>Copy line 56, Part 9.....</i> ➔		<u>\$0.00</u>
89. Intangibles and intellectual property. <i>Copy line 66, Part 10.</i>	<u>\$0.00</u>	
90. All other assets. <i>Copy line 78, Part 11.</i>	<u>+ \$1,200,000.00</u>	
91. Total. Add lines 80 through 90 for each column. 91a.	<u>\$2,146,788.71</u>	<u>+ 91b. \$0.00</u>
92. Total of all property on Schedule A/B. Lines 91a + 91b = 92.....		<u>\$2,146,788.71</u>

Fill in this information to identify the case:

Debtor name	Newstream Hotel Partners-IAH, LLC
United States Bankruptcy Court for the:	<u>EASTERN DISTRICT OF TEXAS</u>
Case number (if known)	<u>20-41064-11</u>

Check if this is an amended filing

Official Form 206D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible.

1. Do any creditors have claims secured by debtor's property?

- No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.
 Yes. Fill in all of the information below.

Part 1: List Creditors Who Have Secured Claims

2. List in alphabetical order all creditors who have secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim.

<i>Column A</i>	<i>Column B</i>
Amount of claim	Value of collateral that supports this claim

2.1	Creditor's name <u>Harris County Tax Assessor</u>	Describe debtor's property that is subject to a lien	\$100,066.19	\$0.00
	Creditor's mailing address <u>Ann Harris Bennett</u>	500 N. Sam Houston Pkwy. E., Houston, TX 77060		
	P.O. Box 4663	Describe the lien	Taxes	
		Is the creditor an insider or related party?		
	Houston TX 77210-4663	<input checked="" type="checkbox"/> No		
	Creditor's email address, if known	<input type="checkbox"/> Yes		
	Date debt was incurred	Is anyone else liable on this claim?		
	Last 4 digits of account number	<input checked="" type="checkbox"/> No		
	Do multiple creditors have an interest in the same property?	<input type="checkbox"/> Yes. Fill out Schedule H: Codebtors (Official Form 206H)		
	<input type="checkbox"/> No	As of the petition filing date, the claim is:		
	<input checked="" type="checkbox"/> Yes. Specify each creditor, including this creditor, and its relative priority.	Check all that apply.		
		<input type="checkbox"/> Contingent		
		<input type="checkbox"/> Unliquidated		
		<input type="checkbox"/> Disputed		

1) Harris County Tax Assessor; 2) UC Funding; 3) Westway Construction Services, LLC.

3. Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any.

\$5,477,196.10

Debtor	Newstream Hotel Partners-IAH, LLC	Case number (if known)	20-41064-11
Part 1: Additional Page			
Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.			
		Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim
2.2	Creditor's name <u>UC Funding</u>	Describe debtor's property that is subject to a lien <u>500 N. Sam Houston Pkwy. E., Houston, TX 77060</u>	\$5,000,000.00 \$0.00
Creditor's mailing address <u>745 Boylston Street</u>		Describe the lien <u>Deed of Trust</u>	
		Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Boston MA 02116		Is anyone else liable on this claim? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)	
Creditor's email address, if known		As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
Date debt was incurred <u>09/27/2018</u>		Do multiple creditors have an interest in the same property?	
Last 4 digits of account number		<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Have you already specified the relative priority? <input type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority. <input checked="" type="checkbox"/> Yes. The relative priority of creditors is specified on lines <u>2.1</u>	
2.3	Creditor's name <u>Westway Construction Services, LLC</u>	Describe debtor's property that is subject to a lien <u>500 N. Sam Houston Pkwy. E., Houston, TX 77060</u>	\$377,129.91 \$0.00
Creditor's mailing address <u>d/b/a Westway Construction</u>		Describe the lien <u>M&M Lien</u>	
c/o Angeline V. Kell		Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
5051 Westheimer, Suite 1200		Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)	
Houston TX 77056		As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
Creditor's email address, if known		Date debt was incurred	
		Last 4 digits of account number	
Do multiple creditors have an interest in the same property?		<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Have you already specified the relative priority? <input type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority. <input checked="" type="checkbox"/> Yes. The relative priority of creditors is specified on lines <u>2.1</u>	

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Debtor	Newstream Hotel Partners-IAH, LLC
United States Bankruptcy Court for the: EASTERN DISTRICT OF TEXAS	
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Check if this is an amended filing

Official Form 206E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Assets - Real and Personal Property (Official Form 206A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

Part 1: List All Creditors with PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims? (See 11 U.S.C. § 507).

No. Go to Part 2.
 Yes. Go to line 2.

2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or part.

If more space is needed for priority unsecured claims, fill out and attach the Additional Page of Part 1.

		Total claim	Priority amount
2.1	Priority creditor's name and mailing address Alejandrina Chavez 4911 Harmon Street Houston TX 77093	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$820.00 \$820.00
		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	Date or dates debt was incurred	Basis for the claim: Wages	
	Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)(<u>4</u>)		
2.2	Priority creditor's name and mailing address Amberly Garcia 514 Alley Ct Spring TX 77388	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$421.97 \$421.97
		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	Date or dates debt was incurred	Basis for the claim: Wages	
	Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)(<u>4</u>)		

Debtor Newstream Hotel Partners-IAH, LLC

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Part 1: Additional Page

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

Total claim Priority amount

2.3	Priority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$1,252.58	\$1,252.58
<u>Angeline E. Grasse</u>		<input type="checkbox"/> Contingent		
<u>331 Parramatta Lane</u>		<input type="checkbox"/> Unliquidated		
<u>Apt. 207</u>		<input type="checkbox"/> Disputed		
		Basis for the claim:		
<u>Houston TX 77073</u>		<u>Wages</u>		
Date or dates debt was incurred		Is the claim subject to offset?		
		<input checked="" type="checkbox"/> No		
		<input type="checkbox"/> Yes		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)(<u>4</u>)				
2.4	Priority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$579.60	\$579.60
<u>Antonia Luvianos-Benitez</u>		<input type="checkbox"/> Contingent		
<u>4216 Trenton Road</u>		<input type="checkbox"/> Unliquidated		
		<input type="checkbox"/> Disputed		
		Basis for the claim:		
<u>Houston TX 77093</u>		<u>Wages</u>		
Date or dates debt was incurred		Is the claim subject to offset?		
		<input checked="" type="checkbox"/> No		
		<input type="checkbox"/> Yes		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)(<u>4</u>)				
2.5	Priority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$2,736.00	\$2,736.00
<u>Balraj Sra</u>		<input type="checkbox"/> Contingent		
<u>3 Rocky Lane</u>		<input type="checkbox"/> Unliquidated		
		<input type="checkbox"/> Disputed		
		Basis for the claim:		
<u>Houston TX 77040</u>		<u>Wages</u>		
Date or dates debt was incurred		Is the claim subject to offset?		
		<input checked="" type="checkbox"/> No		
		<input type="checkbox"/> Yes		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)(<u>4</u>)				

Debtor Newstream Hotel Partners-IAH, LLC

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Part 1: Additional Page

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

Total claim Priority amount

2.6	Priority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$1,508.66	\$1,508.66
<u>Carlos Padilla</u>		<input type="checkbox"/> Contingent		
<u>7222 Winding Trace Drive</u>		<input type="checkbox"/> Unliquidated		
		<input type="checkbox"/> Disputed		
<u>Houston TX 77086</u>		Basis for the claim:		
		<u>Wages</u>		
Date or dates debt was incurred		Is the claim subject to offset?		
		<input checked="" type="checkbox"/> No		
		<input type="checkbox"/> Yes		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)(<u>4</u>)				
2.7	Priority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$1,660.89	\$1,660.89
<u>Elizabeth Benavente</u>		<input type="checkbox"/> Contingent		
<u>500 North Sam Houston Parkway East</u>		<input type="checkbox"/> Unliquidated		
		<input type="checkbox"/> Disputed		
<u>Houston TX 77034</u>		Basis for the claim:		
		<u>Wages</u>		
Date or dates debt was incurred		Is the claim subject to offset?		
		<input checked="" type="checkbox"/> No		
		<input type="checkbox"/> Yes		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)(<u>4</u>)				
2.8	Priority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$1,805.56	\$1,805.56
<u>Hector A. Alvarenga</u>		<input type="checkbox"/> Contingent		
<u>13750 Repa Lane</u>		<input type="checkbox"/> Unliquidated		
		<input type="checkbox"/> Disputed		
<u>Houston TX 77014</u>		Basis for the claim:		
		<u>Wages</u>		
Date or dates debt was incurred		Is the claim subject to offset?		
		<input checked="" type="checkbox"/> No		
		<input type="checkbox"/> Yes		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)(<u>4</u>)				

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Part 1: Additional Page

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

Total claim Priority amount

2.9	Priority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$220.00	\$220.00
<u>Jesus Herrera</u>		<input type="checkbox"/> Contingent		
<u>6014 Woodview</u>		<input type="checkbox"/> Unliquidated		
		<input type="checkbox"/> Disputed		
<u>Humble TX 77396</u>		Basis for the claim:		
		<u>Wages</u>		
Date or dates debt was incurred		Is the claim subject to offset?		
		<input checked="" type="checkbox"/> No		
		<input type="checkbox"/> Yes		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)(<u>4</u>)				
2.10	Priority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$473.03	\$473.03
<u>Luisa Guzman-Castro</u>		<input type="checkbox"/> Contingent		
<u>16250 Imperial Valley Drive</u>		<input type="checkbox"/> Unliquidated		
<u>Apt. 306</u>		<input type="checkbox"/> Disputed		
<u>Houston TX 77060</u>		Basis for the claim:		
		<u>Wages</u>		
Date or dates debt was incurred		Is the claim subject to offset?		
		<input checked="" type="checkbox"/> No		
		<input type="checkbox"/> Yes		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)(<u>4</u>)				
2.11	Priority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$404.94	\$404.94
<u>Maria Garcia</u>		<input type="checkbox"/> Contingent		
<u>8523 Jack Pine Place</u>		<input type="checkbox"/> Unliquidated		
		<input type="checkbox"/> Disputed		
<u>Tomball TX 77375</u>		Basis for the claim:		
		<u>Wages</u>		
Date or dates debt was incurred		Is the claim subject to offset?		
		<input checked="" type="checkbox"/> No		
		<input type="checkbox"/> Yes		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)(<u>4</u>)				

Debtor Newstream Hotel Partners-IAH, LLC

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Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

Total claim Priority amount

2.12	Priority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$476.00	\$476.00
<u>Maria Garnica</u>		<input type="checkbox"/> Contingent		
<u>419 Country Fair Drive</u>		<input type="checkbox"/> Unliquidated		
		<input type="checkbox"/> Disputed		
<u>Houston TX 77060</u>		Basis for the claim:		
		<u>Wages</u>		
Date or dates debt was incurred		Is the claim subject to offset?		
		<input checked="" type="checkbox"/> No		
		<input type="checkbox"/> Yes		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)(<u>4</u>)				
2.13	Priority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$95.95	\$95.95
<u>Maria Venegas</u>		<input type="checkbox"/> Contingent		
<u>2143 Grenbriar Colony</u>		<input type="checkbox"/> Unliquidated		
		<input type="checkbox"/> Disputed		
<u>Houston TX 77060</u>		Basis for the claim:		
		<u>Wages</u>		
Date or dates debt was incurred		Is the claim subject to offset?		
		<input checked="" type="checkbox"/> No		
		<input type="checkbox"/> Yes		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)(<u>4</u>)				
2.14	Priority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$2,907.36	\$2,907.36
<u>Mariano Hernandez</u>		<input type="checkbox"/> Contingent		
<u>7222 Winding Trace Drive</u>		<input type="checkbox"/> Unliquidated		
		<input type="checkbox"/> Disputed		
<u>Houston TX 77086</u>		Basis for the claim:		
		<u>Wages</u>		
Date or dates debt was incurred		Is the claim subject to offset?		
		<input checked="" type="checkbox"/> No		
		<input type="checkbox"/> Yes		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)(<u>4</u>)				

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Total claim Priority amount

2.15	Priority creditor's name and mailing address <u>Marie Bradley</u> <u>1418 Evermore Manor Lane</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$464.90	\$464.90
<hr/>		Basis for the claim: <u>Wages</u>		
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
<hr/>		Last 4 digits of account number		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)(<u>4</u>)				
2.16	Priority creditor's name and mailing address <u>Mayra Y. Ramos</u> <u>1511 Chestnut Tree Lane</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$389.40	\$389.40
<hr/>		Basis for the claim: <u>Wages</u>		
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
<hr/>		Last 4 digits of account number		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)(<u>4</u>)				
2.17	Priority creditor's name and mailing address <u>Puanani M. Lindon</u> <u>P.O. Box 92983</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$4,684.62	\$4,684.62
<hr/>		Basis for the claim: <u>Wages</u>		
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
<hr/>		Last 4 digits of account number		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)(<u>4</u>)				

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Total claim Priority amount

2.18	Priority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$1,366.54	\$1,366.54
<u>Richard Cobian</u>		<input type="checkbox"/> Contingent		
<u>22221 Cypresswood Drive</u>		<input type="checkbox"/> Unliquidated		
<u>Apt. 603</u>		<input type="checkbox"/> Disputed		
		Basis for the claim:		
<u>Spring TX 77373</u>		<u>Wages</u>		
Date or dates debt was incurred		Is the claim subject to offset?		
		<input checked="" type="checkbox"/> No		
		<input type="checkbox"/> Yes		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)(<u>4</u>)				
2.19	Priority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$396.00	\$396.00
<u>Ronald Freeman</u>		<input type="checkbox"/> Contingent		
<u>90 Northpoint Drive</u>		<input type="checkbox"/> Unliquidated		
<u>Apt. 313</u>		<input type="checkbox"/> Disputed		
		Basis for the claim:		
<u>Houston TX 77060-3247</u>		<u>Wages</u>		
Date or dates debt was incurred		Is the claim subject to offset?		
		<input checked="" type="checkbox"/> No		
		<input type="checkbox"/> Yes		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)(<u>4</u>)				
2.20	Priority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$266.22	\$266.22
<u>Rosa M. Garcia</u>		<input type="checkbox"/> Contingent		
<u>906 Greens Road</u>		<input type="checkbox"/> Unliquidated		
<u>Apt. 83</u>		<input type="checkbox"/> Disputed		
		Basis for the claim:		
<u>Houston TX 77060</u>		<u>Wages</u>		
Date or dates debt was incurred		Is the claim subject to offset?		
		<input checked="" type="checkbox"/> No		
		<input type="checkbox"/> Yes		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)(<u>4</u>)				

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Total claim Priority amount

2.21 Priority creditor's name and mailing address Rosalia Guzman As of the petition filing date, the claim is: *Check all that apply.* 215 Mill Stream Lane Contingent Unliquidated Disputed

\$140.88 \$140.88

Houston TX 77060 Basis for the claim: Wages

Date or dates debt was incurred Is the claim subject to offset?

Last 4 digits of account number No Yes

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)(4)

2.22 Priority creditor's name and mailing address Ruben Pineda As of the petition filing date, the claim is: *Check all that apply.* 20318 Paso Fino Drive Contingent Unliquidated Disputed

\$1,126.96 \$1,126.96

Humble TX 77338 Basis for the claim: Wages

Date or dates debt was incurred Is the claim subject to offset?

Last 4 digits of account number No Yes

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)(4)

2.23 Priority creditor's name and mailing address Sherry A. Harvey As of the petition filing date, the claim is: *Check all that apply.* 10419 Clearwater Crossing Blvd. Contingent Unliquidated Disputed

\$2,884.80 \$2,884.80

Houston TX 77075 Basis for the claim: Wages

Date or dates debt was incurred Is the claim subject to offset?

Last 4 digits of account number No Yes

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)(4)

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Total claim Priority amount

2.24 Priority creditor's name and mailing address Texas Comptroller of Public Accounts P.O. Box 13528 As of the petition filing date, the claim is: *Check all that apply.* \$344.25 \$344.25

- Contingent
- Unliquidated
- Disputed

Austin TX 78711-3528 Basis for the claim: Mixed Beverage Tax

Date or dates debt was incurred

Is the claim subject to offset?

- No
- Yes

Last 4 digits of account number _____

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)(8)

2.25 Priority creditor's name and mailing address Texas Comptroller of Public Accounts P.O. Box 13528 As of the petition filing date, the claim is: *Check all that apply.* \$36,778.30 \$36,778.30

- Contingent
- Unliquidated
- Disputed

Austin TX 78711-3528 Basis for the claim: Hotel Occupancy Tax

Date or dates debt was incurred

Is the claim subject to offset?

- No
- Yes

Last 4 digits of account number _____

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)(8)

2.26 Priority creditor's name and mailing address Texas Comptroller of Public Accounts P.O. Box 13528 As of the petition filing date, the claim is: *Check all that apply.* \$14,458.35 \$14,458.35

- Contingent
- Unliquidated
- Disputed

Austin TX 78711-3528 Basis for the claim: Sales & Use Tax

Date or dates debt was incurred

Is the claim subject to offset?

- No
- Yes

Last 4 digits of account number _____

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)(8)

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Total claim Priority amount

2.27	Priority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$249.60	\$249.60
<u>Tila Sanchez</u>		<input type="checkbox"/> Contingent		
<u>16303 Imperial Valley Drive</u>		<input type="checkbox"/> Unliquidated		
<u>Apt. 509</u>		<input type="checkbox"/> Disputed		
		Basis for the claim:		
<u>Houston TX 77060</u>		<u>Wages</u>		
Date or dates debt was incurred		Is the claim subject to offset?		
		<input checked="" type="checkbox"/> No		
		<input type="checkbox"/> Yes		
Last 4 digits of account number				
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)(<u>4</u>)				
2.28	Priority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$457.32	\$457.32
<u>Xavier Davis</u>		<input type="checkbox"/> Contingent		
<u>7131 Pittswoods Lane</u>		<input type="checkbox"/> Unliquidated		
		<input type="checkbox"/> Disputed		
		Basis for the claim:		
<u>Houston TX 77016</u>		<u>Wages</u>		
Date or dates debt was incurred		Is the claim subject to offset?		
		<input checked="" type="checkbox"/> No		
		<input type="checkbox"/> Yes		
Last 4 digits of account number				
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)(<u>4</u>)				

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Part 2: List All Creditors with NONPRIORITY Unsecured Claims

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If more space is needed for nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

	Amount of claim
3.1 Nonpriority creditor's name and mailing address <u>Advanced Business Copier</u> <u>P.O. Box 12018</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
 <u>Spring</u> TX 77391	Basis for the claim: <u>Vendor</u>
Date or dates debt was incurred	Is the claim subject to offset?
Last 4 digits of account number	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
 3.2 Nonpriority creditor's name and mailing address <u>Airgas USA, LLC</u> <u>P.O. Box 676015</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
 <u>Dallas</u> TX 75267-6015	Basis for the claim: <u>Services Rendered</u>
Date or dates debt was incurred	Is the claim subject to offset?
Last 4 digits of account number	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
 3.3 Nonpriority creditor's name and mailing address <u>Airport Accomodations</u> <u>O'Hare Accomodations, Inc.</u> <u>1900 E. Golf Road</u> <u>Suite M150</u> <u>Schaumburg</u> IL 60173	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
 Basis for the claim: <u>Vendor</u>	
Date or dates debt was incurred	Is the claim subject to offset?
Last 4 digits of account number	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
 3.4 Nonpriority creditor's name and mailing address <u>Aleman Repair Service</u> <u>P.O. Box 1997</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
 Basis for the claim: <u>Vendor</u>	
Date or dates debt was incurred	Is the claim subject to offset?
Last 4 digits of account number	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

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Amount of claim

<p>3.5 Nonpriority creditor's name and mailing address</p> <p><u>Allbridge</u> <u>c/o ALC</u> <u>P.O. Box 78131</u></p> <p>Milwaukee WI 53278</p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Vendor</u></p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$15,323.02</p>
<p>3.6 Nonpriority creditor's name and mailing address</p> <p><u>AllPoints Food Service Parts &</u> <u>Supplies, Inc.</u> <u>P.O. Box 74007307</u></p> <p>Chicago IL 60674-7307</p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Vendor</u></p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$83.99</p>
<p>3.7 Nonpriority creditor's name and mailing address</p> <p><u>ALSCO</u> <u>2641 S. Leavitt Street</u></p> <p>Chicago IL 60608</p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Vendor</u></p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$155.00</p>
<p>3.8 Nonpriority creditor's name and mailing address</p> <p><u>American Hotel Register Co.</u> <u>P.O. Box 71299</u></p> <p>Chicago IL 60694-1299</p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Vendor</u></p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$12,880.88</p>

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Amount of claim

<p>3.9 Nonpriority creditor's name and mailing address</p> <p><u>AT&T (ATT-5001)</u> <u>P.O. Box 5001</u></p> <hr/> <p>Carol Stream <u>IL</u> <u>60197-5001</u></p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: Services Rendered</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$268.57</p>
<p>3.10 Nonpriority creditor's name and mailing address</p> <p><u>AT&T OneNet Service</u> <u>P.O. Box 5001</u></p> <hr/> <p>Carol Stream <u>IL</u> <u>60197-5001</u></p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: Services Rendered</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$6.21</p>
<p>3.11 Nonpriority creditor's name and mailing address</p> <p><u>Bank of America</u> <u>Credit Card</u></p> <hr/> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: Services Rendered</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$12,000.00</p>
<p>3.12 Nonpriority creditor's name and mailing address</p> <p><u>Battery Shack II</u> <u>7601 North Federal Hwy</u> <u>Suite 110A</u></p> <hr/> <p>Boca Raton <u>FL</u> <u>33487</u></p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: Vendor</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$433.00</p>

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Amount of claim

<p>3.13 Nonpriority creditor's name and mailing address</p> <p><u>Ben E. Keith</u> <u>P.O. Box 2497</u></p> <hr/> <p><u>Fort Worth</u> <u>TX</u> <u>76113</u></p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number _____ - _____ - _____ - _____</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Services Rendered</u></p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$24,738.37</p>
<p>3.14 Nonpriority creditor's name and mailing address</p> <p><u>Birdie Imaging Supplies</u> <u>1158 26th Street</u> <u>Suite 485</u></p> <hr/> <p><u>Santa Monica</u> <u>CA</u> <u>90403</u></p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number _____ - _____ - _____ - _____</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Vendor</u></p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$374.40</p>
<p>3.15 Nonpriority creditor's name and mailing address</p> <p><u>BluePrint RF</u> <u>5555 Oakbrook Parkway</u> <u>Suite 140</u></p> <hr/> <p><u>Norcross</u> <u>GA</u> <u>30093</u></p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number _____ - _____ - _____ - _____</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Services Rendered</u></p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$12,834.03</p>
<p>3.16 Nonpriority creditor's name and mailing address</p> <p><u>Bluip Inc.</u> <u>P.O. Box 508</u></p> <hr/> <p><u>Burbank</u> <u>CA</u> <u>91503</u></p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number _____ - _____ - _____ - _____</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Vendor</u></p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$442.26</p>

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Amount of claim

<p>3.17 Nonpriority creditor's name and mailing address</p> <p><u>Booking.com</u> <u>5295 Paysphere Circle</u> <u>Lockbox 5295</u></p> <p><u>Chicago</u> <u>IL</u> <u>60674-5295</u></p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number _____ - _____ - _____ - _____</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Vendor</u></p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$8,803.69</p>
<p>3.18 Nonpriority creditor's name and mailing address</p> <p><u>Brinks Inc.</u> <u>P.O. Box 64115</u></p> <p><u>Baltimore</u> <u>MD</u> <u>21264-4115</u></p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number _____ - _____ - _____ - _____</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Vendor</u></p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$1,953.93</p>
<p>3.19 Nonpriority creditor's name and mailing address</p> <p><u>Business Card</u> <u>P.O. Box 15796</u></p> <p><u>Wilmington</u> <u>DE</u> <u>19886-5796</u></p> <p>Date or dates debt was incurred <u>11/01/2019</u></p> <p>Last 4 digits of account number <u>2 0 3 9</u></p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Vendor</u></p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$13,094.54</p>
<p>3.20 Nonpriority creditor's name and mailing address</p> <p><u>Center Point Energy Services Inc.</u> <u>P.O. Box 301149</u></p> <p><u>Dallas</u> <u>TX</u> <u>75303-1149</u></p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number _____ - _____ - _____ - _____</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Services Rendered</u></p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$13,632.76</p>

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Amount of claim

<p>3.21 Nonpriority creditor's name and mailing address</p> <p><u>Cintas Corporation</u> <u>97627 Eagle Way</u></p> <p><u>Chicago</u> <u>IL</u> <u>60678-7627</u></p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Vendor</u></p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$558.34</p>
<p>3.22 Nonpriority creditor's name and mailing address</p> <p><u>City of Houston Water Department</u> <u>P.O. Box 1560</u></p> <p><u>Houston</u> <u>TX</u> <u>77251</u></p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Services Rendered</u></p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$20,917.12</p>
<p>3.23 Nonpriority creditor's name and mailing address</p> <p><u>Comcast Business</u> <u>P.O. Box 660618</u></p> <p><u>Dallas</u> <u>TX</u> <u>75266-0618</u></p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Services Rendered</u></p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$328.98</p>
<p>3.24 Nonpriority creditor's name and mailing address</p> <p><u>Constellation NewEnergy, Inc.</u> <u>P.O. Box 4640</u></p> <p><u>Carol Stream</u> <u>IL</u> <u>60197-4640</u></p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Services Rendered</u></p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$53,322.22</p>

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Amount of claim

3.25	Nonpriority creditor's name and mailing address <u>Dave's Table Lighting & Candle</u> <u>16231 Cliff Haven Drive</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<u>\$261.21</u>
		<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
		Basis for the claim:	
	<u>Houston</u> <u>TX</u> <u>77095</u>	<u>Vendor</u>	
	Date or dates debt was incurred	Is the claim subject to offset?	
		<input checked="" type="checkbox"/> No	
	Last 4 digits of account number	<input type="checkbox"/> Yes	
3.26	Nonpriority creditor's name and mailing address <u>DirecTV</u> <u>P.O. Box 60036</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<u>\$120.09</u>
		<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
		Basis for the claim:	
	<u>Los Angeles</u> <u>CA</u> <u>90060-0036</u>	<u>Services Rendered</u>	
	Date or dates debt was incurred	Is the claim subject to offset?	
		<input checked="" type="checkbox"/> No	
	Last 4 digits of account number	<input type="checkbox"/> Yes	
3.27	Nonpriority creditor's name and mailing address <u>Dobdin Floor Covering, Inc.</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<u>\$89,883.99</u>
		<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
		Basis for the claim:	
		<u>Services Rendered</u>	
	Date or dates debt was incurred	Is the claim subject to offset?	
		<input checked="" type="checkbox"/> No	
	Last 4 digits of account number	<input type="checkbox"/> Yes	
3.28	Nonpriority creditor's name and mailing address <u>Ecolab Inc.</u> <u>P.O. Box 70343</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<u>\$286.58</u>
		<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
		Basis for the claim:	
	<u>Chicago</u> <u>IL</u> <u>60673-0343</u>	<u>Vendor</u>	
	Date or dates debt was incurred	Is the claim subject to offset?	
		<input checked="" type="checkbox"/> No	
	Last 4 digits of account number	<input type="checkbox"/> Yes	

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Amount of claim

<p>3.29 Nonpriority creditor's name and mailing address</p> <p><u>Ecolab Pest Elimination Division</u> <u>26252 Network Place</u></p> <p><u>Chicago</u> <u>IL</u> <u>60673-1262</u></p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Services Rendered</u></p>	<p>\$10,316.85</p>
<p>Date or dates debt was incurred</p> <p>Last 4 digits of account number</p>		<p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
<p>3.30 Nonpriority creditor's name and mailing address</p> <p><u>Envirotech Mechanical Systems LLC</u> <u>270 Lake Meadows Drive</u></p> <p><u>Montgomery</u> <u>TX</u> <u>77316</u></p>		
<p>Date or dates debt was incurred</p> <p>Last 4 digits of account number</p>		<p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
<p>3.31 Nonpriority creditor's name and mailing address</p> <p><u>Expotel Hospitality Services, LLC</u> <u>401 Veterans Memorial Blvd.</u> <u>Suite 102</u></p> <p><u>Metairie</u> <u>LA</u> <u>70005</u></p>		
<p>Date or dates debt was incurred</p> <p>Last 4 digits of account number</p>		<p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
<p>3.32 Nonpriority creditor's name and mailing address</p> <p><u>First State Bank of Roanoke</u></p> <p><u>?</u></p> <p><u>Date or dates debt was incurred</u></p> <p><u>Last 4 digits of account number</u></p>		
		<p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>

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Amount of claim

<p>3.33 Nonpriority creditor's name and mailing address</p> <p><u>Gannett - USA Today</u> <u>7950 Jones Branch Drive</u></p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Vendor</u></p>	<p>\$312.50</p>
<p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number _____</p>		<p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
<p>3.34 Nonpriority creditor's name and mailing address</p> <p><u>Gesmer Updegrove LLP</u> <u>40 Broad Street</u></p>		<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Legal Fees</u></p>
<p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number <u>6 7 1 5</u></p>		<p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
<p>3.35 Nonpriority creditor's name and mailing address</p> <p><u>Greenbriar North Association</u> <u>P.O. Box 133063</u></p>		<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Other</u></p>
<p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number _____</p>		<p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
<p>3.36 Nonpriority creditor's name and mailing address</p> <p><u>Harris County Tax Assessor</u> <u>Ann Harris Bennett</u> <u>P.O. Box 4663</u></p>		<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Services Rendered</u></p>
<p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number _____</p>		<p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>

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Amount of claim

3.37	Nonpriority creditor's name and mailing address <u>Harris County Toll Road Authority</u> <u>7701 Wilshire PI Dr.</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<u>\$2,784.88</u>
		<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
		Basis for the claim:	
	<u>Houston</u> <u>TX</u> <u>77040</u>	<u>Vendor</u>	
	Date or dates debt was incurred	Is the claim subject to offset?	
		<input checked="" type="checkbox"/> No	
	Last 4 digits of account number	<input type="checkbox"/> Yes	
3.38	Nonpriority creditor's name and mailing address <u>HD Supply Facilities Maintenance</u> <u>P.O. Box 509058</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<u>\$4,926.08</u>
		<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
		Basis for the claim:	
	<u>San Diego</u> <u>CA</u> <u>92150-9058</u>	<u>Vendor</u>	
	Date or dates debt was incurred	Is the claim subject to offset?	
		<input checked="" type="checkbox"/> No	
	Last 4 digits of account number	<input type="checkbox"/> Yes	
3.39	Nonpriority creditor's name and mailing address <u>HMC Hospitality Operating Company</u> <u>c/o Julian P. Vasek</u> <u>Munsch Hardt Kopf & Harr, P.C.</u> <u>500 N. Akard Street, Suite 3800</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<u>Unknown</u>
		<input checked="" type="checkbox"/> Contingent	
		<input checked="" type="checkbox"/> Unliquidated	
		<input checked="" type="checkbox"/> Disputed	
		Basis for the claim:	
	<u>Dallas</u> <u>TX</u> <u>75201</u>	<u>?</u>	
	Date or dates debt was incurred	Is the claim subject to offset?	
		<input checked="" type="checkbox"/> No	
	Last 4 digits of account number	<input type="checkbox"/> Yes	
3.40	Nonpriority creditor's name and mailing address <u>Houston Independent Security</u> <u>9894 Bissonnet Street</u> <u>Suite 303</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<u>\$20,951.81</u>
		<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
		Basis for the claim:	
	<u>Houston</u> <u>TX</u> <u>77036</u>	<u>Vendor</u>	
	Date or dates debt was incurred	Is the claim subject to offset?	
	<u>04/02/2019</u>	<input checked="" type="checkbox"/> No	
	Last 4 digits of account number	<input type="checkbox"/> Yes	

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Amount of claim

<p>3.41 Nonpriority creditor's name and mailing address <u>Industrial Fire Equipment & Service</u> <u>204 N. Palmer</u></p> <p>Houston TX 77003</p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Vendor</u></p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$287.92</p>
<p>3.42 Nonpriority creditor's name and mailing address <u>IPFS Corporation</u> <u>P.O. Box 730223</u></p> <p>Dallas TX 75373-0223</p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Insurance</u></p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$22,625.00</p>
<p>3.43 Nonpriority creditor's name and mailing address <u>Logix Fiber Networks</u> <u>P.O. Box 734120</u></p> <p>Dallas TX 75373-4120</p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Services Rendered</u></p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$6,032.84</p>
<p>3.44 Nonpriority creditor's name and mailing address <u>Minuteman Press</u> <u>426 Aldine Bender</u></p> <p>Houston TX 77060</p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Vendor</u></p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$2,177.47</p>

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Amount of claim

<p>3.45 Nonpriority creditor's name and mailing address</p> <p><u>Muzak, LLC dba Mood Media</u> <u>P.O. Box 71070</u></p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p>	<p>\$2,787.15</p>
<p>Basis for the claim: <u>Charlotte</u> NC 28272-1070 Vendor</p>		
<p>Date or dates debt was incurred _____</p>		
<p>Last 4 digits of account number _____</p>		
<p>3.46 Nonpriority creditor's name and mailing address</p> <p><u>NCS Commercial Recovery on behalf of</u> <u>The Knowledge Group</u> <u>P.O. Box 24101</u></p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p>	<p>\$9,297.00</p>
<p>Basis for the claim: <u>Cleveland</u> OH 44124 Vendor</p>		
<p>Date or dates debt was incurred _____</p>		
<p>Last 4 digits of account number _____</p>		
<p>3.47 Nonpriority creditor's name and mailing address</p> <p><u>Newstream Commercial</u> <u>311 South Oak Street</u> <u>Suite 250</u></p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p>	<p>\$66,395.65</p>
<p>Basis for the claim: <u>Roanoke</u> TX 76262 Loan</p>		
<p>Date or dates debt was incurred _____</p>		
<p>Last 4 digits of account number _____</p>		
<p>3.48 Nonpriority creditor's name and mailing address</p> <p><u>Newstream Hospitality Partners</u> <u>311 South Oak Street</u> <u>Suite 250</u></p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p>	<p>\$37,168.48</p>
<p>Basis for the claim: <u>Roanoke</u> TX 76262 Loan</p>		
<p>Date or dates debt was incurred _____</p>		
<p>Last 4 digits of account number _____</p>		

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Amount of claim

<p>3.49 Nonpriority creditor's name and mailing address</p> <p><u>Pitney Bowes</u> <u>P.O. Box 371887</u></p> <hr/> <p><u>Pittsburgh</u> <u>PA</u> <u>15250-7887</u></p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number _____ - _____ - _____ - _____</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Vendor</u></p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$34.50</p>
<p>3.50 Nonpriority creditor's name and mailing address</p> <p><u>Pitney Bowes</u> <u>P.O. Box 371887</u></p> <hr/> <p><u>Pittsburgh</u> <u>PA</u> <u>15250-7887</u></p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number _____ - _____ - _____ - _____</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Vendor</u></p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$313.71</p>
<p>3.51 Nonpriority creditor's name and mailing address</p> <p><u>Planet Ford</u> <u>20403 I-45</u></p> <hr/> <p><u>Spring</u> <u>TX</u> <u>77388</u></p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number _____ - _____ - _____ - _____</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Vendor</u></p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$7,880.64</p>
<p>3.52 Nonpriority creditor's name and mailing address</p> <p><u>Pro Construction LLC</u> <u>d/b/a Complete DKI</u></p> <hr/> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number _____ - _____ - _____ - _____</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Vendor</u></p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$1,148,399.23</p>

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Amount of claim

<p>3.53 Nonpriority creditor's name and mailing address</p> <p><u>Red Lion Hotel Corporation</u> <u>Attn: Accounts Receivable</u> <u>1550 Market Street, Suite 425</u></p> <p><u>Denver</u> <u>CO</u> <u>80202</u></p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Other</u></p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$298,509.00</p>
<p>3.54 Nonpriority creditor's name and mailing address</p> <p><u>Schindler Elevator Corp.</u> <u>P.O. Box 93050</u></p> <p><u>Chicago</u> <u>IL</u> <u>60673-3050</u></p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Vendor</u></p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$5,045.09</p>
<p>3.55 Nonpriority creditor's name and mailing address</p> <p><u>Staples</u> <u>500 Staples Drive</u></p> <p><u>Framingham</u> <u>MA</u> <u>01702</u></p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Vendor</u></p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$107.89</p>
<p>3.56 Nonpriority creditor's name and mailing address</p> <p><u>Summer Creek Cleaners</u> <u>11505 N. Sam Houston Pkwy E.</u></p> <p><u>Humble</u> <u>TX</u> <u>77396</u></p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Vendor</u></p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$50.02</p>

Debtor Newstream Hotel Partners-IAH, LLC Case number (if known) 20-41064-11

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

<p>3.57 Nonpriority creditor's name and mailing address</p> <p><u>Sun Belt Rentals</u> <u>5280 N. Sam Houston Pkwy E.</u></p> <p><u>Houston</u> <u>TX</u> <u>77032</u></p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Vendor</u></p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$2,483.58</p>
<p>3.58 Nonpriority creditor's name and mailing address</p> <p><u>Synergetic Communications</u> <u>5450 Northwest Central</u> <u>Suite 220</u></p> <p><u>Houston</u> <u>TX</u> <u>77092</u></p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Vendor</u></p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$688.80</p>
<p>3.59 Nonpriority creditor's name and mailing address</p> <p><u>Texas Mutual Insurance</u> <u>P.O. Box 841843</u></p> <p><u>Dallas</u> <u>TX</u> <u>75284-1843</u></p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Services Rendered</u></p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$2,887.46</p>
<p>3.60 Nonpriority creditor's name and mailing address</p> <p><u>The Terminix International Co. LP</u> <u>P.O. Box 802155</u></p> <p><u>Chicago</u> <u>IL</u> <u>60680-2131</u></p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Vendor</u></p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$828.80</p>

Debtor Newstream Hotel Partners-IAH, LLC

Case number (if known) 20-41064-11

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

<p>3.61 Nonpriority creditor's name and mailing address</p> <p><u>Travel Click, Inc.</u> <u>300 N. Martingale</u> <u>Suite 650</u></p> <p><u>Schaumburg</u> <u>IL</u> <u>60173</u></p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Vendor</u></p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$504.56</p>
<p>3.62 Nonpriority creditor's name and mailing address</p> <p><u>Vistar</u> <u>P.O. Box 951080</u></p> <p><u>Dallas</u> <u>TX</u> <u>75395-1080</u></p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Vendor</u></p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$3,289.29</p>
<p>3.63 Nonpriority creditor's name and mailing address</p> <p><u>Voss Lighting</u> <u>P.O. Box 22159</u></p> <p><u>Lincoln</u> <u>NE</u> <u>68542-2159</u></p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Vendor</u></p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$667.57</p>
<p>3.64 Nonpriority creditor's name and mailing address</p> <p><u>Waste Connection of Texas</u> <u>2010 Wilson Road</u></p> <p><u>Humble</u> <u>TX</u> <u>77396</u></p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Vendor</u></p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$3,327.37</p>

Debtor Newstream Hotel Partners-IAH, LLC Case number (if known) 20-41064-11

Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims

5. Add the amounts of priority and nonpriority unsecured claims.

	Total of claim amounts
5a. Total claims from Part 1	5a. <u>\$79,370.68</u>
5b. Total claims from Part 2	5b. + <u>\$2,219,998.46</u>
5c. Total of Parts 1 and 2 Lines 5a + 5b = 5c.	<u>\$2,299,369.14</u>

Fill in this information to identify the case:

Debtor name	<u>Newstream Hotel Partners-IAH, LLC</u>	
United States Bankruptcy Court for the: <u>EASTERN DISTRICT OF TEXAS</u>		
Case number (if known)	<u>20-41064-11</u>	Chapter <u>11</u>

Check if this is an amended filing

Official Form 206G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If more space is needed, copy and attach the additional page, numbering the entries consecutively.

1. Does the debtor have any executory contracts or unexpired leases?

- No. Check this box and file this form with the court with the debtor's other schedules. There is nothing else to report on this form.
 Yes. Fill in all of the information below even if the contracts or leases are listed on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B).

2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.1	State what the contract or lease is for and the nature of the debtor's interest	Choice Franchise Agreement	Choice Hotels International
			1 Choice Hotels Circle, Suite 402
2.2	State what the contract or lease is for and the nature of the debtor's interest	Lease	Pitney Bowes
			P.O. Box 371887
	State the term remaining		
	List the contract number of any government contract		
			Pittsburgh PA 15250-7887

Fill in this information to identify the case:

Debtor name	Newstream Hotel Partners-IAH, LLC
United States Bankruptcy Court for the:	<u>EASTERN DISTRICT OF TEXAS</u>
Case number (if known)	<u>20-41064-11</u>

Check if this is an amended filing

Official Form 206H

Schedule H: Codebtors

12/15

Be as complete and accurate as possible. If more space is needed, copy the Additional Page, numbering the entries consecutively. Attach the Additional Page to this page.

1. Does the debtor have any codebtors?

- No. Check this box and submit this form to the court with the debtor's other schedules. Nothing else needs to be reported on this form.
 Yes

2. In Column 1, list as codebtors all of the people or entities who are also liable for any debts listed by the debtor in the schedules of creditors, *Schedules D-G*. Include all guarantors and co-obligors. In Column 2, identify the creditor to whom the debt is owed and each schedule on which the creditor is listed. If the codebtor is liable on a debt to more than one creditor, list each creditor separately in Column 2.

	Column 1: Codebtor	Column 2: Creditor	<i>Check all schedules that apply:</i>
2.1	Name Rob Lawson Mailing address <u>8100 E. Union Avenue</u> Number Street <u>Suite 2001</u> City <u>Denver</u> State <u>CO</u> ZIP Code <u>80237</u>	Name Red Lion Hotel Corporation	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G
2.2	Name Rob Lawson Mailing address <u>8100 E. Union Avenue</u> Number Street <u>Suite 2001</u> City <u>Denver</u> State <u>CO</u> ZIP Code <u>80237</u>	Name UC Funding	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.3	Name Scott Tarwater Mailing address <u>311 S. Oak Street</u> Number Street <u>Suite 250</u> City <u>Roanoke</u> State <u>TX</u> ZIP Code <u>76262</u>	Name Red Lion Hotel Corporation	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G
2.4	Name Scott Tarwater Mailing address <u>311 S. Oak Street</u> Number Street <u>Suite 250</u> City <u>Roanoke</u> State <u>TX</u> ZIP Code <u>76262</u>	Name UC Funding	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G

Debtor Newstream Hotel Partners-IAH, LLC Case number (if known) 20-41064-11

Additional Page if Debtor Has More Codebtors

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

Column 1: Codebtor			Column 2: Creditor	Check all schedules that apply:
Name	Mailing address	Name		
2.5 Scott Tarwater	311 S. Oak Street Number Street Suite 250	Choice Hotels International	<input type="checkbox"/> D <input type="checkbox"/> E/F <input checked="" type="checkbox"/> G	
	Roanoke TX 76262 City State ZIP Code			
2.6 Tim Nystrom	311 S. Oak Street Number Street Suite 250	Red Lion Hotel Corporation	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G	
	Roanoke TX 76262 City State ZIP Code			
2.7 Tim Nystrom	311 S. Oak Street Number Street Suite 250	UC Funding	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G	
	Roanoke TX 76262 City State ZIP Code			
2.8 Tim Nystrom	311 S. Oak Street Number Street Suite 250	Choice Hotels International	<input type="checkbox"/> D <input type="checkbox"/> E/F <input checked="" type="checkbox"/> G	
	Roanoke TX 76262 City State ZIP Code			

Fill in this information to identify the case:

Debtor Name Newstream Hotel Partners-IAH, LLC

United States Bankruptcy Court for the: EASTERN DISTRICT OF TEXAS

Case number (if known): 20-41064-11

Check if this is an amended filing

Official Form 206Sum

Summary of Assets and Liabilities for Non-Individuals

12/15

Part 1: Summary of Assets

1. Schedule A/B: Assets--Real and Personal Property (Official Form 206A/B)

1a. Real property:

Copy line 88 from Schedule A/B.....

\$0.00

1b. Total personal property:

Copy line 91A from Schedule A/B.....

\$2,146,788.71

1c. Total of all property

Copy line 92 from Schedule A/B.....

\$2,146,788.71

Part 2: Summary of Liabilities

2. Schedule D: Creditors Who Have Claims Secured by Property (Official Form 206D)

Copy the total dollar amount listed in Column A, Amount of claim, from line 3 of Schedule D.....

\$5,477,196.10

3. Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 206E/F)

3a. Total claim amounts of priority unsecured claims:

Copy the total claims from Part 1 from line 5a of Schedule E/F.....

\$79,370.68

3b. Total amount of claims of nonpriority amount of unsecured claims:

Copy the total of the amount of claims from Part 2 from line 5b of Schedule E/F.....

+ \$2,219,998.46

4. Total liabilities

Lines 2 + 3a + 3b.....

\$7,776,565.24

Fill in this information to identify the case and this filing:

Debtor Name	Newstream Hotel Partners-IAH, LLC
United States Bankruptcy Court for the:	<u>EASTERN DISTRICT OF TEXAS</u>
Case number (if known)	<u>20-41064-11</u>

Official Form 202

Declaration Under Penalty of Perjury for Non-Individual Debtors

12/15

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Declaration and signature

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- Schedule A/B: Assets--Real and Personal Property (Official Form 206A/B)
- Schedule D: Creditors Who Have Claims Secured by Property (Official Form 206D)
- Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 206E/F)
- Schedule G: Executory Contracts and Unexpired Leases (Official Form 206G)
- Schedule H: Codebtors (Official Form 206H)
- A Summary of Assets and Liabilities for Non-Individuals (Official Form 206-Summary)
- Amended Schedule _____
- Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders (Official Form 204)
- Other document that requires a declaration _____

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 05/22/2020
MM / DD / YYYY

X

DocuSigned by:

Timothy Nystrom

Signature of individual signing on behalf of debtor

Timothy Nystrom

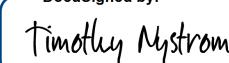
Printed name

See Exhibit "A"

Position or relationship to debtor

EXHIBIT “A”

Newstream Hotel Partners – IAH LLC

DocuSigned by:
By: 

Timothy Nystrom, President
Newstream Hotels & Hospitality LLC,
Manager of Newstream Hotel Partners – IAH LLC